

TOWN OF WARREN

Wastewater Management 514 Main Street Warren, RI 02885

SEWER CONNECTION / REPAIR APPLICATION

PROPERTY ADDRESS: ASSESSOR'S PARCEL ID:

		Owner	Information			
Owner(s) Name:	Last		First	First		
Mailing Address: (if different)	Street Address				Apartment/Unit #	
Home Phone:	City	Δ	Alternate Phone:	State	ZIP Code	
	-		memate i none.			
Email		Project	Information			
Project Type Water Source	() Residential () Commercial () Industrial () New Construction () Repair () Public Water () Private Well If Public, Account #					
Proposed Contrac Phone: Start Date:	etor:		Company Name: Address:			
Signature						
RI DIG SAFE WARREN WASTEWATER PLANT WARREN DPW (401) 245-8326 (401) 245-0200 Application Checklist: Application Form Complete: Application Fee Submitted: Assessor's Property Card: Building Floor Plan:			service installa start date. 2. DPW Director's AS-BUILT drawi	Call (401) 245-7343 to schedule an inspection of service installation at least 48 hours in advance of the		
Site Plan and I Street Opening						
Disposal and to s	such special cond		f the Town Code with s and regulations as r es.			
Owner(s) Signature:			Date:			
			Date:			
Contractor Signature:			Date:			

PROPERTY ADDRESS: PARCEL ID:

FOR OFFICIAL USE ONLY **Residential / New Construction** Number of EDU **Commercial / Industrial** Type of Establishment: Usage Type Per Unit # of Units **Total Flow** 1.) Χ EDU 2.) Χ EDU Χ EDU 3.) 4.) Χ EDU **SEWER APPLICATION FEE:** \$150 Only Fee Applicable for Repair Applications **SEWER CONNECTION FEE:** Equivalent Dwelling Unit (EDU) x \$750 **MINIMUM ESCROW DEPOSIT:** For engineering plan review. New single-family dwelling = \$500 **TOTAL PAYMENT DUE:** Payment Received by: Date: APPLICATION Approved () Disapproved () Signature: Date: